

## **CHAPTER 2000 CHILD PROTECTIVE SERVICES**



## TABLE OF CONTENTS

### **CHAPTER 2000 CHILD PROTECTIVE SERVICES ----- 1**

|             |  |             |
|-------------|--|-------------|
| <b>2100</b> | <b>INTRODUCTION -----</b>  | <b>2-1</b>  |
| 2110        | PROGRAM AUTHORITY-----   | 2-1         |
| 2120        | GOAL -----   | 2-1         |
| 2130        | SERVICE DESCRIPTION-----   | 2-1         |
| 2131        | Compliance With Court Orders And Liability Protection-----   | 2-2         |
| <b>2200</b> | <b>INTAKE -----</b>  | <b>2-2</b>  |
| 2210        | ELIGIBILITY -----  | 2-2         |
| 2220        | GUIDELINES-----  | 2-5         |
| 2221        | JURISDICTION -----   | 2-12        |
| 2222        | Child Death Review -----   | 2-12        |
| <b>2300</b> | <b>ASSESSMENT -----</b>  | <b>2-13</b> |
| 2310        | RESPONSE TIME -----  | 2-13        |
| 2320        | RISK LEVELS-----   | 2-14        |
| 2330        | STANDARDS OF INVESTIGATION-----  | 2-14        |
| 2331        | High Standard -----  | 2-14        |
| 2332        | Low Standard-----  | 2-21        |
| 2335        | DLR/CPS Use Of Safety Assessment And Safety Planning Tools -----                                     | 2-22        |
| 2340        | ONGOING RISK ASSESSMENT AND CPS -----  | 2-25        |
| <b>2400</b> | <b>CASE PLANNING -----</b>   | <b>2-25</b> |
| 2410        | DESCRIPTION -----  | 2-25        |
| 2420        | PROCESS-----   | 2-25        |
| 2430        | SERVICE AGREEMENTS -----   | 2-26        |
| 2431        | Purpose and Content-----   | 2-26        |
| 2432        | Development -----  | 2-26        |
| 2433        | Elements-----  | 2-26        |
| <b>2500</b> | <b>SERVICE DELIVERY -----</b>  | <b>2-27</b> |
| 2510        | DESCRIPTION -----  | 2-27        |
| 2511        | Service Model -----  | 2-27        |
| 2512        | Accessing Available Services-----  | 2-27        |
| 2513        | Case Management Functions -----  | 2-28        |
| 2514        | Service Continuity -----   | 2-29        |
| 2520        | INVESTIGATION -----  | 2-29        |
| 2530        | SERVICE OUTCOMES -----   | 2-29        |
| 2540        | INVESTIGATIVE RISK ASSESSMENT -----  | 2-29        |
| 2550        | SPECIAL PROCEDURES -----   | 2-31        |
| 2551        | Prenatal/Newborn, Drug/Alcohol Exposure-----   | 2-31        |
| 2552        | Referrals on Drug/Alcohol-Exposed Newborns -----   | 2-32        |
| 2553        | Institutional Abuse-----   | 2-33        |
| 2554        | Alleged Abuse of Child Clients by DSHS Personnel -----   | 2-34        |
| 2555        | Alleged Medical Neglect in Health Care Facilities-----   | 2-35        |
| 2556        | Referrals to CPS from Residential Facilities when Alleged Abuse Occurred<br>Prior to Placement ----- | 2-38        |
| 2557        | CPS Alerts -----   | 2-40        |
| 2558        | Sexually Aggressive Youth -----  | 2-40        |
| 2559        | Hospital Holds-----  | 2-41        |

|             |  |             |
|-------------|--|-------------|
| 25591       | Finding Notification and Review -----    | 2-41        |
| 2560        | COMMUNITY COLLABORATION -----            | 2-44        |
| 2561        | Community Involvement -----              | 2-44        |
| 2562        | Child Protection Teams -----             | 2-45        |
| 2563        | Military Personnel -----                 | 2-47        |
| 2570        | LAW ENFORCEMENT -----                    | 2-48        |
| 2571        | Mandated Reports to Law Enforcement----- | 2-48        |
| 2572        | Criminal History Checks -----            | 2-48        |
| 2573        | Law Enforcement Assistance -----         | 2-49        |
| 2574        | Law Enforcement Agreement-----           | 2-49        |
| 2575        | Confidentiality of Records -----         | 2-49        |
| 2576        | Conflict of Interest -----               | 2-49        |
| 2580        | MISSING CHILDREN -----                   | 2-50        |
| <b>2600</b> | <b>CASE REVIEW -----</b>                 | <b>2-51</b> |
| 2610        | SUPERVISORY REVIEW -----                 | 2-51        |
| <b>2700</b> | <b>RESOLUTION -----</b>                  | <b>2-51</b> |
| 2710        | CASE RESOLUTION/CLOSURE -----            | 2-51        |
| 2711        | Inactive Status -----                    | 2-51        |

**2100 INTRODUCTION****2110 Program Authority**

The Division of Children and Family Services' (DCFS) Child Protective Services (CPS) program is authorized under federal and state laws and regulations. The federal authorities are Public Law 93-247 and 45 Code of Federal Regulations (CFR), Part 1340 and 1357.20. The authorizing state laws and regulations are Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-134, and WAC 388-70-095.

**2120 GOAL**

- A. The goal of CPS is to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children.
- B. CPS is a program available in all geographic areas of the state of Washington on a 24-hour basis.

**2130 Service Description**

The purposes of CPS are to:

- A. Receive and assess referrals from the community alleging child abuse and neglect (CA/N).
- B. Assess risk of future abuse or neglect to children.
- C. Investigate referrals alleging CA/N or the risk of CA/N.
  - 1. Determine the existence of CA/N.
  - 2. Assess risk of abuse and neglect to children by performing a comprehensive assessment, using the risk assessment model.
- D. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing CA/N:
- E. Develop culturally responsive case plans which:
  - 1. Prevent or remedy CA/N in the shortest reasonable time.
  - 2. Prevent or reduce the need for out-of-home placement.
  - 3. Provide a safe and permanent home for a child.

**2131 Compliance With Court Orders And Liability Protection**

See chapter 4000, Child Welfare Services, section 43073, for staff expectations for compliance with court orders and legal representation for employees.

**2200 INTAKE****2210 Eligibility**

The primary purpose of the CPS program is to assess risk of child maltreatment rather than to substantiate specific allegations of CA/N. Any referral received from a commissioned law enforcement officer stating a parent has been arrested for Criminal Mistreatment in the fourth degree under RCW 9A.42 will be screened in and assigned for a High Standard Investigation.

- A. CPS must accept referrals from any source and in any form, including those received from an anonymous source. See the *CA Case Services Policy Manual*, chapter 2000, section 2131, for limitations on referrals from anonymous sources.
  - 1. CA Intake staff shall make reasonable efforts to learn the name, address, and telephone number of each person making a report of abuse or neglect under RCW 26.44.030. Intake staff will inform the referrer that, if he/she remains anonymous and the allegation appears to carry a lower risk, then the referral will be screened out and will not be investigated.
  - 2. Intake staff shall provide assurance to the referrer that the department will make all legal and reasonable efforts to maintain confidentiality of the identification of persons reporting under this section.
  - 3. If the CA Intake staff is unable to learn the information required in paragraph 1, DCFS staff shall only investigate cases, involving children not in out-of-home care, that fall within criteria outlined in the *CA Case Services Policy Manual*, chapter 2000, section 2131.
  - 4. For purposes of this section and CA intake screens, "serious threat of substantial harm to a child," as stated in RCW 26.44.030(15), means any allegation on the current referral that is risk tagged 4 or 5 at Intake.
  - 5. Anonymous reports of CA/N in licensed or certified child care facilities will be accepted for investigation by DLR facility investigators without regard to risk tag or their anonymity when the referral meets all other criteria for acceptance for investigation.
- B. The intake worker must forward all referrals alleging CA/N by Children's Administration (CA) employees, volunteers, members of the household of any employee, or persons identified as relatives of an employee to a supervisor for review and disposition per *Operations Manual*, chapter 15000, section 15204.

- C. CA may not name a person under the age of 18 as a subject of a CPS referral unless the minor is the parent of the alleged child victim. However, a minor may be an alleged perpetrator of CA/N. In such cases, department staff will make the appropriate referral to law enforcement.
- D. CA must provide CPS only to a child alleged to have been abused or neglected by:
  1. The child's parent or a person acting *in loco parentis*. Such persons include (does not include school personnel who are performing their official duties in the schools), but are not limited to:
    - a. Parents (custodial and non-custodial).
    - b. Step-parents.
    - c. Guardians.
    - d. Legal custodians.
  2. The child's sibling, when the child's parent has failed to protect the child.
  3. Any person residing with and/or having care-taking responsibilities for the child.
  4. A person subject to licensure/certification under Chapter 74.15 RCW and RCW 74.08.044 and described in WAC 388-73-014 and 388-73-020, including persons employed by licensed or certified agencies. Such persons include, but are not limited to:
    - a. Child day care providers.
    - b. Foster/group care providers.
    - c. Employees of licensed/certified child care agencies.
    - d. Volunteers of licensed/certified child care agencies.
  5. A person alleged to have committed CA/N in an institutional setting. CA staff must not treat allegations of CA/N in licensed or certified facilities as third party abuse or neglect. CA will accept all allegations of CA/N in institutional settings that meet the sufficiency screen for investigation. See chapter 5000, section 5140 of this manual, the *CA Operations Manual*, chapter 5000, section 5300, and the Division of Licensed Resources' (DLR) *Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care* for requirements for investigation of facility complaints.
    - a. Abuse of one resident by another resident may constitute neglect by the caretaker.

- b. Such institutions include, but are not limited to:
  - i. Licensed foster family homes and child care providers.
  - ii. Residential care and treatment facilities for children.
  - iii. DLR-certified juvenile detention facilities.
  - iv. Hospitals.
- 6. A person providing in-home childcare services and paid by the department.
- 7. A CA employee. See paragraph B, above.
- E. CPS must accept for investigation referrals regarding sexually aggressive youth (SAY) when:
  - 1. Referred by law enforcement regarding a child under the age of eight who has been determined by law enforcement to have committed a sexually aggressive act.
  - 2. Referred by a prosecutor's office regarding a child under the age of 12 who has been determined by the prosecutor to have committed a sexually aggressive act but will not be prosecuted.
- F. CA Intake must assess referrals screened in under paragraph E, above, for the following factors:
  - 1. Whether or not the youth has been abused or neglected.
  - 2. The youth's potential for re-offending.
  - 3. Risk to other children residing with the sexually aggressive youth.
  - 4. The parents' willingness to protect, seek and utilize services, and cooperate with case planning.
- G. As mandated in RCW 26.44.030(8), any case referred to DCFS by a physician licensed under chapter 18.57 or 18.71 RCW on the basis of expert medical opinion that child abuse, neglect, or sexual assault has occurred and that the child's safety will be seriously endangered if the child is returned home, CPS must file a dependency petition unless a second licensed physician of the parents' choice believes that such expert medical opinion is incorrect.
  - 1. If the parents fail to designate a second physician, DCFS may make a selection.



2. If a physician finds that a child has suffered abuse or neglect but that such abuse or neglect does not constitute imminent danger to the child's health or safety, and DCFS agrees with the physician's assessment, the child may be left in the parents' home while DCFS proceeds with reasonable efforts to remedy parenting deficiencies.
- H. DCFS does not generally accept for investigation referrals of:
1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section.
  2. Third-party abuse committed by persons other than those responsible for the child's welfare, except as discussed in section 2210.C.
  3. CA/N that is reported after the victim has reached age 18, except that alleged to have occurred in a licensed facility.
  4. Child custody determinations in conflictual family proceedings or marital dissolution, where there are no allegations of CA/N.
  5. Cases in which no abuse or neglect as defined in Appendix A is alleged to have occurred.
  6. Allegations of violations of the school system's:
    - a. Statutory Code.
    - b. Administrative Code.
    - c. Statements regarding discipline policies.
- I. CPS is provided without regard to income.
- J. DCFS Intake must assess, to the extent possible, and document in the referral the family's Limited English Proficiency (LEP) needs, including auxiliary aids for the sensory impaired.
- K. Intake must also assess and document ethnicity of the child/family, including tribal affiliation. The social worker must determine ethnic status of family members, complete the *Ethnic Identification Form*, DSHS 09-761, and determine whether any family members are of Limited English Proficiency (LEP) or are persons of sensory impairment. The department will provide interpreter services as needed by the family. All services subsequent to intake will also utilize interpreter services as needed.

## 2220 Guidelines

- A. The DCFS intake social worker must utilize the CAMIS intake program to record a comprehensive intake interview with any referrer wishing to report

CA/N. The worker must attempt to obtain and then include the following when recording information about the incident:

1. The intake social worker must conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information.
2. The intake social worker must provide the following information to the referrer:
  - a. Tell individuals making referrals that, if requested, CA will not reveal a referrer's name during the investigation.
  - b. Inform the referrer that DCFS may disclose the name of any referrer for:
    - i. Court testimony.
    - ii. Fair hearing proceedings.
    - iii. Criminal investigations by law enforcement including malicious reporting.
    - iv. When the court orders disclosure.
3. The social worker may request, but must not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving. See the *CA Case Services Policy Manual*, chapter 2000, section 2131, for limitations on referrals from anonymous sources.
4. Referrers reporting or testifying in good faith have immunity under RCW 26.44.060.
5. Specific allegations of CA/N. See the definition of "Negligent Treatment or Maltreatment" in the *Case Services Policy Manual*, Appendix A.
6. Risk factors
  - a. **Child Characteristics:** the emotional, mental and physical characteristics of the child.
  - b. **Severity of CA/N:** the degree of injury or physical or emotional harm to a child.
  - c. **Frequency of CA/N:** any past history of CA/N or out-of-home placement of child.

**WAC 388-15-134**

d. **Caretaker Characteristics**

- i. Factors related to the physical, mental or emotional functioning of caretakers.
- ii. Information regarding parents/caretakers or family of origin.
- iii. Information regarding substance abuse, domestic violence, and/or ability to protect the child.
- iv. Previous convictions for crimes against children.

e. **Parent/Child Relationship:** information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct; and information regarding the child's role in the family.

f. **Environmental Factors:** information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

g. **Perpetrator Access:** information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise, or communicate with the child directly.

7. Referrer and other collateral statements.

8. Basis for intake risk assessment.

B. Sufficiency Screen-The intake social worker must complete the sufficiency screen and determine if:

- 1. The worker has sufficient information to locate the child. The intake social worker must utilize all available resources to locate the child. Local offices may develop guidelines for best practice in locating children; and
- 2. The alleged perpetrator is a parent/caretaker of the child or someone acting *in loco parentis*, or the parent is negligent in protecting the child from further CA/N by a third party, or the perpetrator is a person specified in section 2210(C). The intake worker does not include school personnel who are performing their official duties in the schools as persons acting *in loco parentis*; and
- 3. There is a specific allegation of CA/N meeting the legal and/or WAC definition (In some cases, a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen); or
- 4. Risk factors exist which place the child in danger of imminent harm. Imminent harm is defined as the significant possibility or likelihood that a

child will suffer serious physical or emotional harm in the near future. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

- C. CA Intake must accept for CPS investigation any report meeting the sufficiency criteria specified on the CAMIS intake screen. Any referral accepted for CPS investigation must identify a subject and a victim, even if not identified by name. If the name of the subject and/or the victim is not known at intake, the intake social worker must provide a sufficient description of the person(s) for the investigating social worker to be able to locate and subsequently identify the person(s).
  1. CA Intake staff will generate a new referral on an open case when a report is received alleging a new instance of abuse or neglect has occurred.
  2. If CA Intake receives a second report about an instance of abuse or neglect already documented on a referral; no new referral will be generated. Such reports will be documented as an addendum to the prior referral if the referral is not yet locked in CAMIS. If an addendum is not possible, the report will be documented in an SER. The SER should be associated with the appropriate case (if there is one established) and referral ID to assure a CAMIS notifier goes to the assigned worker.
- D. The intake social worker may accept CPS referrals that contain information regarding indicators of CA/N, but lack specific information regarding incidents, events, or conditions defined in DCFS policy as CA/N. Intake screens in referrals when the intake worker has reasonable cause to believe that a child is being abused or neglected or the risk factors place the child at risk of imminent harm.
- E. Child behaviors may be caused by factors other than CA/N. Intake staff must exercise judgment based on their knowledge of child abuse and neglect to decide if behavioral indicators of CA/N are comprehensive and cogent enough to pass the sufficiency screen.
  1. CA/N is not inherent in risk factors, and cases shall not be opened solely on the basis of a single behavioral indicator. The more complete the list of indicators of physical abuse, physical neglect, and/or sexual abuse, the more likely it is that a child is being abused or neglected. One or two behavioral indicators of abuse and neglect will rarely be sufficient to warrant CPS investigation.
  2. The intake social worker shall complete the allegation section of the intake. The question in the sufficiency screen, "Is there a specific allegation of child abuse and neglect which meets the legal and/or WAC definition of child abuse and neglect?" shall be answered "YES" if reasonable cause exists to believe the child was abused or neglected or the child is at imminent risk of harm.

3. Prior to making the screening decision, the intake supervisor shall review CPS referrals containing information regarding behavioral indicators of child abuse and neglect but lack description of allegations of CA/N.

F. Screened in Referrals

1. The intake social worker shall assign a risk tag to referrals that are accepted for investigation. The six point scale for risk assessment is:  
  
0 - No risk;  
1 - low risk;  
2 - moderately low risk;  
3 - moderate risk;  
4 - moderately high risk; and  
5 - high risk.
2. The intake social worker shall:
  - a. Classify the severity of the allegation(s) of CA/N from low risk to high risk utilizing section II, Severity, of the *Risk Factor Matrix Guide*. Establish a baseline risk level; e.g., an initial classification of the allegations of CA/N based on the most serious allegation.
  - b. Evaluate risk factor information noted on the referral form regarding:
    - i. Child characteristics.
    - ii. History of prior agency contact.
    - iii. Parental functioning.
    - iv. Environmental factors.
    - v. Perpetrator access.
  - c. Adjust the baseline risk level based upon the extent and degree of factors exacerbating or ameliorating the risk of CA/N. Use these ratings to accommodate borderline situations at intake.
    - i. The baseline may be adjusted upward when the referral contains information about factors which are likely to increase the risk of CA/N.
    - ii. The baseline may be reduced when the referral contains information about factors which reduce the risk of CA/N.
  - d. Complete the "Basis for Intake Risk Assessment" section, which provides the rationale for the risk tag decision.

- e. Complete the intake process within three working days from the date of referral unless an emergent response is required.
- f. Contact collateral information sources and record such contacts in the Service Episode Record (SER) when:
  - i. Sufficient information is not available from the referrer to determine if the referral should be accepted for investigation.
  - ii. It is necessary to verify or clarify an allegation of CA/N.
  - iii. Collateral sources have information which would be useful in arriving at the Intake risk tag.
  - iv. For allegations of CA/N in state-regulated care, the Intake social worker follows steps outlined in the Division of Licensed Resources (DLR) *Child Abuse and Neglect Section Practice Guide - Investigating Abuse and Neglect in State-Regulated Care*. The Intake worker needs to contact the licenser for the facility, do CAMIS history checks on facility complaints, and ask questions of the referrer as outlined in the guide.
- g. For the low standard of investigation, contact collateral sources when appropriate.
- h. Make collateral contacts as soon as possible prior to making intake decisions unless:
  - i. An immediate response is required.
  - ii. Sufficient information has been collected from the original referrer.
  - iii. Assess frequency of CA/N at intake. Referrals rated moderate risk or greater for frequency of CA/N shall receive a baseline risk tag that is equal to, or greater than, the frequency level.
- 2. The intake supervisor reviews all referrals and may change risk tag and screening decisions when:
  - a. Additional information supports the change.
  - b. The supervisor determines that the screening decision and/or risk tag is incorrect based on program guidelines.
- 3. The supervisor responsible for assigning the referral to a Child Protective Services worker may also change risk tag and screening decisions when additional information supports the change.

4. The intake supervisor changing the referral must document the reasons for change in the SER on the CAMIS referral.

G. Intake Decision

1. The intake social worker reviews the referral information and records the intake decision in CAMIS:
  - a. **Information Only.** Referral does not meet sufficiency criteria and referral is screened out.
  - b. **Accepted for Investigation.** Referral meets sufficiency criteria and referral is screened in.
  - c. **Third Party Report** - when the perpetrator is not a person specified in section 2210[C]). Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form.
2. The intake decision for allegations regarding state-regulated facilities and DLR/CPS can have only one of three outcomes:
  - a. Screened in for DLR/CPS investigation with a program code of "C" and referral decision of "A";
  - b. Screened out for CPS - referred to licensing with a program code of "N" and referral decision of "S"; or
  - c. Screened out for CPS but is not a licensed facility [e. g., Juvenile Rehabilitation Administration (JRA) or Mental Health Division (MHD)-operated] - with a program code of "C" and a referral decision of "I" for information only.

H. Screened Out Referrals

1. Referrals which do not meet the sufficiency screen criteria shall be screened out.
2. The intake supervisor shall retain in CAMIS, and make accessible to intake staff, referrals that are screened out.

**RCW 26.44.030(11)**

- I. Normally referrals will be entered directly into CAMIS. On those occasions where a referral has been recorded on another document, the referral information must be recorded into CAMIS within two working days.
- J. The intake supervisor must ensure that all referrals indicating physical injury, sexual abuse, death or other crimes against a child are referred to law enforcement.

## 2221 JURISDICTION

- A. Initial jurisdiction in a CPS investigation resides with the office receiving a referral.
- B. Primary jurisdiction is the office where the family of the child victim customarily resides. Screened-in referrals will be transferred to this office for case assignment and services, including court intervention, when necessary. Courtesy services may be requested from other offices.
- C. Emergency jurisdiction resides with the office where a child is found. Services to protect the child from imminent harm may be offered by the DCFS office in the area where the child is located. Case assignment and ongoing services will normally be the responsibility of the office with primary jurisdiction.
- D. Temporary jurisdiction belongs to the office where a child is located. The child may be residing on a temporary basis with a friend or relative or without the benefit of a caretaker. Courtesy service such as interviewing the child or continued temporary placement may be offered through this office.
- E. Protection of the child is a key concept. The DCFS office having primary jurisdiction must not refuse its role. However, for referrals from out of state, there may be other factors about child safety and laws concerning the Interstate Compact on the Placement of Children (ICPC) to be considered. When considering these other factors, safety of the child is the most significant issue.
- F. DCFS determines the office having jurisdiction in a case by the following formula:
  - 1. Where does the family reside (parent or other person having legal custody)?
  - 2. Where is the child physically located at this time?
  - 3. Will the child be protected?

## 2222 Child Death Review

- A. Reports to CA Intake
  - 1. When reported, CA Intake must screen the following child fatalities, and the Intake worker must enter the fatalities into CAMIS as new referrals:
    - a. Death from any cause of children in active CA cases;
    - b. Death from any cause when the child's family has received services from CA within the 12 months previous to the child's death or when



there has been a CPS referral, whether accepted or not, within the previous 12 months;

- c. Death from any cause that occurs in a facility or home required to be licensed or certified by the Division of Licensed Resources (DLR).
    - d. Death reported as being a possible result of child abuse or neglect whether or not the family has had prior contact with CA.
  2. CA Intake must access the person card in CAMIS and note that the child is deceased.
  3. CA Intake screens in child fatalities in the same way as other reports coming into Intake. Frequently, the reports will not require assignment for investigation.
- B. Reports to Regional and Headquarters Management Teams
  1. Within two hours of receiving a report of a child fatality, CA Intake must notify, through the supervisor, the Area Manager and the Regional Administrator.
  2. The Regional Administrator or designee must then notify Headquarters managers, including the Director of the Division of Program and Policy Development, the Special Assistant to the Assistant Secretary, and the Assistant Secretary.
  3. Within 24 hours, excluding Saturdays, Sundays, and holidays, of receiving a report of child fatality, staff assigned by the Regional Administrator must complete and forward electronically an **Initial Report of Child Fatality/Near Fatality** to the program manager for Child Fatality Review and the Special Assistant to the Assistant Secretary.
  4. If the Regional Administrator determines the fatality to be a high profile incident, the Regional Administrator must ensure that assigned staff sends updated versions of the **Initial Report of Child Fatality/Near Fatality** to the Special Assistant at 10-day intervals until the internal review (fact finding) report is submitted in accordance with the *Operations Manual*, chapter 5000, section 5200.

## 2300 ASSESSMENT

### 2310 Response Time

- A. The supervisor and assigned social worker shall consider as "maximum limits" the timeframes defined in this section for CPS response. Cases may require a quicker CPS response than the time- lines defined in this section.
- B. Response time begins at the time and date of receipt of the referral. The intake process must be completed within three working days.

- C. Referral receipt date and time begins when a referral is initiated by the referrer through contact with the intake worker by any means.
- D. Emergent response begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).
- E. Non-emergent response begins within 10 calendar days from the referral date and time. The standard of investigation may be high or low.
- F. The supervisor may approve an exception to the requirement that the face-to-face visit occur within 10 days from the date of referral and that non-emergent response begin within 10 calendar days. If the supervisor makes such an exception, the supervisor must note the exception using the CAMIS "DOCUMENT" procedure and include the reason(s) for the exception.
- G. See the *DLR Child Abuse and Neglect Practice Guide - Investigating Abuse and Neglect in State-Regulated Care* for required response times for licensed or certified child care facilities and state-operated child care facilities.

## **2320 Risk Levels**

There are six levels of risk - defined in the *Risk Factor Matrix Guide*. At Intake, the social worker uses levels of risk to define the seriousness of the allegations, known as the risk tag.

## **2330 Standards of Investigation**

### **2331 High Standard**

- A. The CPS social worker uses the high standard of investigation for all referrals given moderate to high risk tags at intake.
- B. The CPS social worker uses the high standard when child abuse and/or neglect is alleged in a licensed facility or a facility subject to licensure.
- C. The social worker gathers information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but is expected to work cooperatively with law enforcement.
- D. The assigned social worker must:
  - 1. Contact the referrer if the intake information is insufficient or unclear and may provide information about the outcome of the case to mandated referrers.

2. Interview child victims face-to-face within 10 working days from date of referral.
  - a. An investigator or professional skilled in evaluating the child or condition of the child must interview all child victims involved in the report and capable of being interviewed through face-to-face contact at the earliest possible time. Local protocol or the special needs of the child may dictate that someone other than the CA social worker interview the child regarding allegations of abuse.
  - b. If an investigator or qualified professional first conducts the interview regarding child abuse, the assigned social worker is still responsible for interviewing the victims face to face for the purpose of assessing risk and gathering information for service planning. The social worker may interview the child(ren) outside the presence of the parents. The social worker may conduct the interview on school premises, at child day care facilities, at the child's home, or at other suitable locations. The interviews should uphold the principles of minimizing trauma and reducing investigative interviews (SB 5127).  
**RCW 26.44.030**
  - c. The social worker determines if the child wishes a third party to be present during the interview. The social worker makes a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.  
**RCW 26.44.030**
  - d. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.
  - e. CA CPS staff must use near verbatim recording any time an alleged child victim or a child witness makes statements to the CPS staff relating to allegations of child sexual abuse. Such statements include disclosures and denials of sexual abuse and provision of information directly related to the specific allegation. CA staff may summarize child and adult interviews that do not include discussions of the allegations. See the *Operations Manual*, chapter 13000, section 13100, for documentation requirements.
3. Assess referrals accepted as sexually aggressive youth (SAY) for the following factors:
  - a. Whether or not the youth has been abused or neglected.
  - b. The youth's potential for re-offending.

- c. The parents' willingness to protect, seek and utilize services, and cooperate with case planning.
4. If needed, photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child.

**RCW 26.44.050**
5. On all CPS referrals risk tagged 3, 4 or 5, in which the child is not placed in out-of-home care, the assigned social worker will complete a Safety Assessment immediately following the initial face-to-face contact with the child. The Safety Assessment may be initially documented directly in CAMIS or on NCR paper forms. In either case, the Safety Assessment must be documented in CAMIS according to the following timelines:
  - a. All referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within two working days of the initial face-to-face contact with the child. If the NCR form is used initially, the Safety Assessment form in CAMIS will be completed within 10 working days of the initial face-to-face with the child.
  - b. On all referrals risk tagged 3/non-emergent at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within 10 working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in CAMIS will be completed within 10 working days of the completion of the NCR form.
  - c. If the Safety Assessment is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
6. When any question on the Safety Assessment has a response marked "indicated," the assigned social worker will also complete a Safety Plan. Safety Plans may also be completed on other cases as determined to be appropriate by the social worker and/or supervisor.
  - a. The Safety Plan may be completed by either direct entry into CAMIS or by completion of an NCR form.
  - b. If the Safety Plan is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
  - c. If the Safety Plan is completed on an NCR form, CAMIS documentation may consist of entry of the Safety Plan information into the CAMIS Safety Plan module or an SER entry reading: "Safety Plan completed on this date on NCR form."
  - d. If the Safety Plan is completed by direct entry into CAMIS, ***a copy should be printed and sent to the parents for their signature and***

***to document they have the information in the plan. A hard copy should be placed in the correspondence section of the file. Workers are strongly encouraged to obtain appropriate signatures on the hard copy of the form, even if it is directly logged into CAMIS.***

7. If Safety Plans are required, completion of the Safety Plan will be documented in CAMIS according to the following timelines:
  - a. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be documented in CAMIS within 2 working days of the initial face-to-face contact with the child.
  - b. On all referrals risk tagged 3/non-emergent at intake, the Safety Plan will be documented in CAMIS within 10 working days of the face-to-face contact with the child.
8. The decision as to whether an item on the Safety Assessment is marked "indicated" reflects the best judgment of the social worker based on the information available at the time of the assessment.
9. If a Safety Plan is not put into place within prescribed timelines and the child is not removed from parental custody, the social worker will document the reasons why a Safety Plan is not possible in the space provided on the Safety Assessment. The social worker shall confer with his/her supervisor regarding the case circumstances in a timely manner
10. It is encouraged to obtain the signatures of the participants on the safety plan, especially that of the parents. This signature reflects their agreement to carry out their part of the plan. If the signatures of parents or other parties to the Safety Plan cannot be obtained, the assigned social worker may note in the signature block on the form the date on which verbal agreement as to the specific requirements of their involvement was reached.
11. The supervisor will review the Safety Assessment and Safety Plan according to the following guidelines:
  - a. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be reviewed within 10 working days of its completion or sooner at the discretion of the worker and supervisor.
  - b. On all referrals risk tagged 3/non-emergent at intake, the Safety Plan will be reviewed at the regular monthly conference.
  - c. All Safety Assessments are to be reviewed at the regular monthly conference if not reviewed previously.
  - d. Supervisory review of Safety Plans completed in CAMIS will be documented in CAMIS, by opening the individual Safety Plans online

and utilizing the button provided to indicate approval.

- e. Supervisory review of Safety Plans completed on NCR forms will be documented by signing on the NCR form.
- 12. Under no circumstances will any case with an "indicated" response on the Safety Assessment be closed without supervisory review of both the Safety Assessment and Safety Plan.
- 13. With approval of the Regional Administrator, under a regional plan, hand written NCR hard-copy Safety Assessments and Safety Plans may be input into CAMIS by designated clerical staff according to the timelines set forth above. In all cases where Safety Assessments or Safety Plans have been completed on NCR forms, a copy of the original NCR documents will be retained in the paper file. The social

worker will review the Safety Assessment and Safety Plan following clerical input to assure accuracy.

- 14. Unless credible collateral contacts clearly indicate that neglect is not occurring, make a home visit in cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.
- 15. Notify the parents, guardian, or legal custodian of a child alleged to be the victim of CA/N at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.

**RCW 26.44.030**

- 16. Notify the alleged perpetrator of the allegations of CA/N at the earliest point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation.
- 17. Conduct individual and face-to-face interviews with the child's caretaker(s) and all alleged perpetrators if reasonably available. The social worker may coordinate interviews with local law enforcement agencies in accordance with local community protocols that may authorize interview of the perpetrators by a person other than the social worker.
  - a. CPS staff must use near verbatim recording any time an alleged perpetrator of child sexual abuse makes statements to the CPS staff regarding the alleged sexual abuse.
  - b. CPS staff may summarize the nature of questions and the nature of the responses when other adults provide information related to allegations of child sexual abuse.

See the *Operations Manual*, chapter 13000, section 13100, for documentation requirements. For the CA social worker to rely on

near verbatim reporting prepared by a law enforcement officer or other community participant, the department's local community protocol must provide that the law enforcement or other participant will provide the near verbatim report within 90 days of the interview.

18. Document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.
19. Notify law enforcement in accordance with local protocol. The social worker must ensure that notification has been made to law enforcement following instructions in section 2220 of this chapter. When in the course of an investigation there is reasonable cause to believe a crime against a child has been committed, the social worker or supervisor must notify the law enforcement agency with jurisdiction.

**RCW 26.44.030 and 74.13.031**

20. Request the assistance of law enforcement to:
  - a. Assure the safety of the child(ren) or staff.
  - b. Observe and/or preserve evidence.
  - c. Take a child(ren) into protective custody.
  - d. Enforce a court order.
  - e. Assist with the investigation.
21. See chapter 4000, section 43022, for notification to parents of their rights when a child is taken into temporary custody.
22. Secure medical evaluation and/or treatment. The social worker considers utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.
23. Make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker must arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker must ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical examination if the parent does not comply with the request.

24. Contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation. For consultation with a pharmacist on prescribed or non-prescribed medications, contact the Washington Poison Control Center at 1-800-732-6895 (TTY 1-800-572-0368), identify self as a CA social worker, and ask to speak to the pharmacist on duty.
25. The assigned CPS social worker must refer a child ages birth to 3, identified with a developmental delay to a Family Resources Coordinator with the Infant-Toddler Early Intervention Program (ITEIP).
  - a. Referrals are made by calling the Healthy Mothers, Healthy Babies hotline at (1-800-322-2588) or through the ITEIP web site <http://www1.dshs.wa.gov/iteip/>. The referral must also be discussed with the child's parents/caregivers. The parents/caregivers should also be informed that services from ITEIP are free and do not commit the family to participate in the program.
  - b. The referral must be made no more than two working days after a concern(s) has been identified. The family may request that the referral timeline be extended beyond two days. This request must be documented. The assigned CPS social worker must document this referral in an SER.
26. Seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.
27. Interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, child day care, relatives, etc.) who are reported to have or, the social worker believes, may have first-hand knowledge of the incident, the injury, or the family's circumstances.
28. When requested, contact the referrers regarding the status of the case. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child. Take care to maintain confidentiality and the integrity of the family.
29. Notify all persons named in the referral as alleged perpetrators of the abuse or neglect of the outcome of the investigation and the alleged perpetrators' rights of review and appeal, using the Client Notification Letter.

**RCW 26.44.100**

- E. Determination of Substance Abuse as a Contributing Factor to Child Abuse and Neglect



1. The requirements in this subsection apply to all CA staff conducting high standard investigations of CA/N that include an in-person contact with the person alleged to have committed the CA/N. CPS staff must follow these procedures:
  - a. When making an in-person investigation of alleged CA/N to determine if it is probable that the use of alcohol or controlled substances contributed to the alleged CA/N; and
  - b. To refer the alleged perpetrator(s) to obtain a comprehensive chemical dependency evaluation of the person or persons alleged to be responsible for the CA/N if the social worker, following a thorough investigation, identifies indicators that abuse of alcohol or controlled substances has contributed to the alleged CA/N.
2. The statutory requirement for these activities is contained in RCW 26.44.170. See the *Case Services Policy Manual*, chapter 3000, section 3221. The social worker must make a referral for evaluation under paragraph 1 above, but the social worker does not have authority to force the client to participate in the evaluation without a court order.
3. The CA social worker conducting an investigation or assessment of a CPS referral requiring a high standard of investigation must complete the tasks identified below.
  - a. When the social worker determines, according to the *CPS Client Substance Abuse Screen*, that the use of alcohol or controlled substances is a contributing factor to the alleged CA/N, the social worker refers the alleged perpetrator to a qualified physician or a certified chemical dependency specialist in accord with local protocol for completion of a chemical dependency evaluation.
  - b. The social worker obtains from the chemical dependency evaluator the result of the referral for an evaluation and documents that result in the case record. The social worker need not keep the case open if the sole reason for doing so would be to receive a copy of the evaluation report. However, before closure, the social worker needs to document efforts to obtain the evaluation report.

## 2332 Low Standard

The low standard of investigation may be used when intake staff and/or the supervisor assess a referral as low or moderate low risk of CA/N. Parameters for low standard of investigation include:

- A. Response within 10 calendar days from the date of referral;
- B. Referral to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

- C. The social worker may send a letter to the family, make a phone call to the caretaker(s), or make a brief home visit to provide the following information:
  - 1. Notification that CPS has accepted a referral for investigation.
  - 2. Information included in the referral regarding allegations of CA/N.
  - 3. The local DCFS telephone number/contact.
  - 4. Community resources which may be available to address the condition; i.e., information and referral.
  - 5. Notice that no further investigation will take place in response to this referral.
- D. Referrals that are tagged at intake as low risk and receive the low standard of investigation shall have a case folder created when a referral is made to an ARS and the case is open in DCFS. All other referrals that are tagged at intake as low risk and receive the low standard of investigation shall be opened and closed on CAMIS. Collateral information in the form of additional documentation or correspondence shall be filed and maintained by each office.
- E. If additional referrals are made on a family, and the risk is moderately low or higher, the low risk referral(s) shall be printed and included in the case file.

### **2335 DLR/CPS Use Of Safety Assessment And Safety Planning Tools**

- A. On all DLR/CPS referrals alleging the biological or adoptive child of a licensee is the victim of CA/N in which the child is not placed in out-of-home care, the assigned DLR/CPS Investigator will complete a Safety Assessment immediately following the initial face-to-face contact with the child. The Safety Assessment may be documented directly in CAMIS or on NCR paper forms. Documentation will be done according to the following timelines:
  - 1. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within two working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in CAMIS will be completed within 10 working days of the initial face-to-face with the child.
  - 2. On all referrals risk tagged 3 or less/non-emergent at intake, the Safety Assessment will be entered into CAMIS or completed on an NCR form within 10 working days of the initial face-to-face contact with the child. If the NCR form is used, the Safety Assessment form in CAMIS will be completed within 10 working days of the completion of the NCR form.

3. If the Safety Assessment is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
- B. When any question on the Safety Assessment has a response marked "indicated," the assigned DLR/CPS investigator will also complete an initial Safety Plan.
1. The Safety Plan may be completed by either direct entry into CAMIS or by completion of an NCR form.
  2. If the Safety Plan is completed on an NCR form, a hard copy of the form must be included in the hard copy case file.
  3. If the Safety Plan is completed on an NCR form, CAMIS documentation may consist of entry of the Safety Plan information into the CAMIS Safety Plan module or an SER entry reading: "Safety Plan completed on this date on NCR form."
  4. If the Safety Plan is completed by direct entry into CAMIS, a hard copy should be printed out and sent to the licensed providers and they should be asked to return a signed copy to indicate their agreement with the Safety Plan.
- C. The initial Safety Plan will be documented in CAMIS according to the following timelines:
1. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be documented in CAMIS within 2 working days of the initial face-to-face contact with the child.
  2. On all referrals risk tagged 3 or less/non-emergent at intake, the Safety Plan will be documented in CAMIS within 10 working days of the face-to-face contact with the child.
- D. The decision as to whether an item on the Safety Assessment is marked "indicated" reflects the best judgment of the social worker based on the information available at the time of the assessment.
- E. If an initial Safety Plan is not put into place, the DLR/CPS investigator will document the reasons why an initial safety plan is not possible in the space provided on the Safety Assessment and must confer with the supervisor regarding the case circumstances in a timely manner.
- F. If the signatures of parents or other parties to the initial Safety Plan cannot be obtained, the assigned DLR/CPS investigator may note in the signature block on the form the date on which verbal agreement as to their specific responsibilities in the safety plan was reached.

- G. Safety Plans may also be completed in situations where they are not required per the written policy at the discretion of either the assigned DLR/CPS investigator or DLR/CPS supervisor.
- H. Once the assigned DLR/CPS investigator has completed a Safety Assessment and Safety Plan, and has determined that there is a need for monitoring of the Safety Plan and/or provision of services, the DLR/CPS Supervisor shall contact the appropriate DCFS Supervisor.
  - 1. The Supervisor will ensure that the appropriate DCFS case assignment will occur to provide monitoring of the Safety Plan and/or provision of services.
  - 2. In the event of disagreement between the DLR/CPS Supervisor and the DCFS Supervisor, the matter will be immediately referred up the chain of command for resolution.
  - 3. As with any case transfer, appropriate staffings will occur to ensure the transition of services to the family.
- I. When DCFS staff assume responsibility for the case, DCFS also assumes responsibility for making ongoing decisions about the safety of the child and/or provision of services. DCFS and DLR will utilize joint staffings and shared decision making whenever appropriate, especially if the license remains active.
- J. The DLR/CPS supervisor will review the Safety Assessment and Safety Plan prior to transfer of a case to DCFS. In addition, the following timelines must be met:
  - 1. On all referrals assessed as emergent and/or risk tagged 4 or 5 at intake, the Safety Plan will be reviewed within 10 working days of its completion, or sooner at the discretion of the worker and supervisor.
  - 2. On all referrals risk tagged 3 or less/non-emergent at intake, the Safety Plan will be reviewed at the regular monthly conference.
  - 3. All Safety Assessments are to be reviewed at the regular monthly conference if not reviewed previously.
- K. Supervisory review of Safety Plans completed in CAMIS will be documented in CAMIS, by opening the individual Safety Plans online and utilizing the button provided to indicate approval. Supervisory review of Safety Plans completed on NCR forms will be documented by signing on the NCR form.
- L. Under no circumstances will any case with an "indicated" response on the Safety Assessment be closed without supervisory review of both the Safety Assessment and Safety Plan.

## 2340 Ongoing Risk Assessment and CPS

- A. Risk Assessment continues throughout the life of a case from the initial CPS referral until the case is closed. CPS is defined by the type and goal of provided services and not limited by the organizational structure of local DCFS offices.
- B. CPS is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

## 2400 CASE PLANNING

### 2410 Description

- A. Case planning builds on the principles of risk assessment by linking the identified risk factors to their case plan.
- B. The CPS worker must follow the requirements of WAC 388-15-131 and WAC 388-70-095 in determining if the reported child(ren) is Indian/Native American.
  - 1. The social worker must document in the SER the steps taken and follow the requirements contained in the *Indian Child Welfare (ICW) Manual*.
  - 2. Upon initial acceptance of a case for service, the social worker must seek to discover and document whether the involved child is of Indian ancestry. The social worker **must** do this **in every case**.
  - 3. Each time the case is transferred from one worker or program to another, the social worker receiving the case must confirm that verification of Indian ancestry has previously been completed.
- C. The CPS social worker must develop and implement culturally responsive case plans, consistent with the risk assessment model, designed to reduce the risk of CA/N to children.

### 2420 Process

- A. The social worker develops service plans with available parents using empowerment strategies that identify and build on parental strengths. The worker provides available parents with regular feedback about progress.
- B. The social worker develops a case plan with each available family when services are provided. The social worker completes a service plan on the summary assessment form and negotiates service agreements with the family and outlines the steps that are to be taken to achieve the case plans. See chapter 4000, section 45023, for procedures to access Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). The

social worker makes reasonable efforts to ensure that service agreements are translated into the primary language of the child and the child's caretaker.

## **2430 Service Agreements**

### **2431 Purpose and Content**

A service agreement is a written agreement between the social worker and the parents that emerges from the case plan. The social worker, with the family, makes efforts to have the service agreement with the family:

- A. Provide the family and social worker with an organized, realistic method of seeing the logical connection between a problem and how to resolve or lessen that problem.
- B. Result in services that are prioritized, is targeted to address major parenting problems and family concerns, and builds on the strengths and resources of the family.
- C. Address the key patterns associated with C/N.
- D. Clearly define expectations for both the social worker and the family.
- E. Dated and signed by the social worker and the parent(s) of the child.

### **2432 Development**

- A. The first priority in the development of a service agreement is the protection of the child(ren).
- B. Services are chosen based on the assessment of the problem, identification of the strengths and resources of the family and the community, and the likelihood that the service will reduce or eliminate risk of harm to the child(ren).
- C. The agreement will make use of concrete services when appropriate to supplement treatment/counseling.
- D. The outcomes of the agreement will be evaluated by whether there is a reduction of risk.

### **2433 Elements**

- A. The CPS social worker includes the following elements in service agreements:
  - 1. Issues needing to be addressed.
  - 2. Means of addressing the issues.
  - 3. Behavioral objectives to be achieved.

4. Significant activities to be completed, and by whom.
  5. Known or anticipated cost of services.
  6. Who will be responsible for costs.
  7. Significant dates and time frames for completion.
  8. Goal/outcome expectations for successful completion.
  9. Methods for verifying compliance and measuring outcomes.
- B. Service agreements are not legally binding.
- C. The social worker discusses factors relevant to the agreement with the parent to determine the level of compliance that can reasonably be expected. The social worker monitors progress toward achievement of activities in these agreements and may use telephone contacts and reports from providers.
- D. The social worker incorporates service agreements into the service plan. For specific criteria to be addressed in service agreements, see the *Risk Assessment Guide*.
- E. The social worker may authorize interim services prior to completing or updating the Individual Service and Safety Plan (ISSP) or Summary Assessment. The social worker may use the service agreement process to authorize interim services.

## **2500 SERVICE DELIVERY**

### **2510 Description**

The social worker's primary goal is to attempt to ensure the safety of the child within the context of the child's need for permanence in a family setting. The social worker's emphasis is to strengthen the family in order to prevent removal and/or reduce the length of stay in temporary out-of-home care.

### **2511 Service Model**

DCFS employs the least intrusive service delivery model which engages the family in problem solving efforts provided the child is adequately protected. Service delivery is based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

### **2512 Accessing Available Services**

DCFS supervisors are responsible for orienting all social work staff with information regarding agencies and services available to clients. Social workers refer clients to appropriate available services necessary to alleviate the risk of CA/N. Such

services include FPS and IFPS. See chapter 4000, section 4502 for complete descriptions of the two programs.

### **2513 Case Management Functions**

Service delivery/case management functions include:

- A. Ongoing review of case plan as needed.
- B. Regular assessments of risk of CA/N.
- C. Coordination of service delivery, including assisting families and children in accessing DSHS and community resources.
- D. Consulting with service providers regarding:
  - 1. Reason for referral.
  - 2. Family's attendance and progress in service efforts.
  - 3. Provider/family identification of service needs.
  - 4. Other case coordination.
- E. Monitoring a child's safety.
- F. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further CA/N.
- G. Decision-making regarding the timing and goals of permanency planning.
- H. The assigned social worker shall invite the following parties to any staffing in which decisions regarding the child are being made.
  - 1. Treatment Providers;
  - 2. Other professionals who play a significant role with the family;
  - 3. Individuals with responsibilities identified in the safety plan;
  - 4. The family, if appropriate, if not present, their perspective should be represented;
  - 5. Foster Parent;
  - 6. Child, if over 12 years of age.



**2514 Service Continuity**

The supervisor shall work to assure continuity of service delivery when CPS cases are transferred from one social worker to another. Continuity of service delivery includes communication and case staffing among DCFS staff who have recently worked on the case.

**2520 Investigation**

The social worker shall complete an investigative risk assessment on all investigations of child abuse and neglect upon completion of the investigation and no later than the 90<sup>th</sup> day after the referral is received unless the requirement is waived by the supervisor per section 2610.

**2530 Service Outcomes**

The social worker shall achieve one of three outcomes for investigations:

- A. A written voluntary service agreement with the family signed by the participants.
- B. A dependency action filed in juvenile court.
- C. Closure of the case.

**2540 Investigative Risk Assessment**

The Summary Risk Assessment has been revised and replaced with the Investigative Risk Assessment (IRA). It must be completed at the end of the investigation, but no later than 90 days after the date of the referral.

- A. The social worker must complete a CAMIS Investigative Risk Assessment form which includes:
  - 1. A listing of risk factors included on the risk factor matrix. This listing must include a completed substance abuse screen as provided in CAMIS.
  - 2. A narrative account of important risk factors and family strengths and how these factors contribute to or reduce the risk of CA/N.
  - 3. Disposition; e.g., a description of DCFS case status.
  - 4. A record of case findings regarding alleged abuse or neglect. CPS investigators will base findings for victims on CA/N codes designated in the referral according to the following definitions:
    - a. **Founded** means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did occur.

- b. **Unfounded** means: Based on the CPS investigation, available information indicates that, more likely than not, child abuse or neglect as defined in WAC 388-15-130 did not occur.

**RCW 26.44.020**

- c. **Inconclusive** means: Following the CPS investigation, based upon available information, the social worker cannot make a determination that, more likely than not, child abuse or neglect has or has not occurred.

- B. The social worker must complete the CAMIS Investigative Risk Assessment form as follows:

1. **Cases Closed Within 90 Days Without Services**

- a. Complete the following sections by the 90<sup>th</sup> day after the referral is received:

- i. Section I Baseline Level of Risk
- ii. Section II Child Characteristics
- iii. Section II Caretaker Characteristics
- iv. Section IV Familial, Social and Economic Factors
- v. Section V Protective Factors & Family Strengths
- vi. Section VI Basis for Overall Level of Risk

2. **Cases Closed Within 90 Days With Services**

- a. Complete the following sections no later than the 90<sup>th</sup> day after the referral is received:

- i. Section I Baseline Level of Risk
- ii. Section II Child Characteristics
- iii. Section II Caretaker Characteristics
- iv. Section IV Familial, Social and Economic Factors
- v. Section V Protective Factors & Family Strengths
- vi. Section VI Basis for Overall Level of Risk

- b. Complete a service plan that addresses the relevant high risk factors identified through the risk assessment prior to starting services. Parents are not required to sign the service plan if the case is closed by the 90<sup>th</sup> day after the referral was received.

3. **Cases Opened Beyond 90 days With Voluntary Service Agreement**

- a. Complete the following sections of the Investigative Risk Assessment prior to having the parent sign the service agreement.

- i. Section I Baseline Level of Risk
- ii. Section II Child Characteristics
- iii. Section II Caretaker Characteristics

- |     |            |                                       |
|-----|------------|---------------------------------------|
| iv. | Section IV | Familial, Social and Economic Factors |
| v.  | Section V  | Protective Factors & Family Strengths |
| vi. | Section VI | Basis for Overall Level of Risk       |

- b. When a case remains open for services after completion of an IRA, and no ISSP is required, a Reassessment of Risk will be completed at case closure, transfer, and every six months. If an IRA or Reassessment of Risk has been completed within the previous 30 days, and no significant change has occurred, a new Reassessment of Risk is not required.

#### 4. Cases Open Due to Placement or Dependency Action

- a. Complete Sections II, III, IV, and V of the Investigative Risk Assessment by the 90<sup>th</sup> day after the referral is received **OR** at case transfer if transfer occurs less than 90 days after the intake is received.
- b. At case transfer to Child Welfare Services complete a Reassessment of Risk if transfer occurs more than 90 days after the referral was received.
- c. Prior to returning a child home if the child was in placement no longer than 60 days, the assigned worker must: complete a Reunification Assessment, Transition Plan and (if the child is under age 12 and was placed due to child abuse or neglect) a Safety Plan.
- d. The social worker must, on placement/dependency cases, include SER documentation of important observations, events and collateral contacts, as well as dates of contact with parents, children, foster parents and service providers. The social worker must also include the visitation record in the case file.

### 2550 Special Procedures

#### 2551 Prenatal/Newborn, Drug/Alcohol Exposure

- A. The Intake social worker shall take the following steps:
  1. Accept as "information only" referrals which document the use, by a pregnant woman, of alcohol or controlled substances that are not medically prescribed and are teratogenic or known to potentially cause fetal toxicity or damage.
  2. Refer all prenatal referrals to the local Community Services Office (CSO)/contracted First Steps social worker for determination of eligibility for the First Steps program. The CSO and First Steps shall be responsible for case management and treatment services funded under the Maternity Care Access Bill and the Drug Omnibus Act.

3. Accept and open for investigation referrals made by the CSO or contracted First Steps case manager, or other mandated reporter, on women believed to be within four (4) weeks of delivery and who are using substances as defined above. Earlier CPS intervention may occur based on the decision of a joint CPS/First steps Program case staffing. The social worker shall accept the referral if the pregnant mother meets one or more of the following conditions:
  - a. Refuses to get prenatal care and/or has made no provisions for the baby.
  - b. Refuses to enter substance abuse treatment.
  - c. Is mentally ill or seriously emotionally disturbed.
  - d. Is without a social and financial support system.
  - e. Has a history of prior CPS involvement where other children are in out-of-home care or where parental rights have been terminated.
  - f. Is under the age of 18 and lacks a place to live.
- B. The purpose of prenatal CPS involvement is to:
  1. Allow adequate time prior to birth to assess the parent(s)' ability to provide safe and adequate care for the child at birth.
  2. Explore relatives or other placement possibilities if it appears unlikely that the parent(s) will be able to provide care.
  3. Encourage the parent(s) to participate in treatment.
  4. Advise of possible CPS action at birth.
- C. The social worker does not file prenatal dependency petitions except when the social worker believes it is necessary to assume immediate custody of the infant at birth. The social worker files prenatal petitions only in consultation with assigned legal counsel.

## **2552 Referrals on Drug/Alcohol-Exposed Newborns**

The CPS intake social worker shall accept referrals from mandatory reporters on drug/alcohol-exposed newborns. These referrals include, but are not limited to, infants with a positive drug screen at the time of birth.

- A. The DCFS supervisor shall assign these referrals for investigation.
- B. The social worker conducts an investigation, following the risk assessment model, focusing on the ability of the parent(s) to protect and care for the infant and including consultation with the referring source. The CPS social worker or

supervisor shall refer cases to law enforcement or to the prosecutor's office per local agreement.

- C. Factors such as signs of infant or maternal drug withdrawal or evidence of current maternal substance abuse may result in referral to CPS, and the CPS supervisor may consider them for assignment.
- D. The social worker, when completing an assessment, shall specifically address the following factors:
  - 1. History and pattern of parental substance abuse.
  - 2. Parental mental health and physical condition.
  - 3. Home environment, including presence of other substance abusers or transience of parent(s).
  - 4. Physical condition and medical needs of the child.
  - 5. Support available to the parent(s).
  - 6. History of previous allegations of CA/N by parents.
  - 7. Chemical dependency testing (e.g., urinalysis) and monitoring of parent(s), when available within existing resources.
- E. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan shall document specific safeguards to protect the child. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.
- F. The social worker monitors, through regular personal and collateral contacts, the service plan for compliance when the infant remains in the home. The social worker immediately re-assesses the need for court involvement or out-of-home placement if the parent fails to comply with the service plan.
- G. The social worker may, if appropriate, refer the child/family to the Supplemental Security Income (SSI) facilitator for assistance in applying for SSI on behalf of the child.

### **2553 Institutional Abuse**

- A. Institutional abuse is any child maltreatment as defined in DSHS Administrative Policy 8.02, *Client Abuse*, occurring in any DSHS certified, licensed, or staffed child care facility, including adoptive home placements prior to finalization. For investigation, DCFS staff shall follow the policy and procedures outlined in the *Operations Manual*, chapter 5000, section 5300.

- B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities using the steps outlined in the *CA Operations Manual*, chapter 5000, section 5100.
- C. Certified and licensed facilities include foster homes, including those licensed by child placing agencies, child day care facilities, group homes, hospitals, Crisis Residential Centers (CRC), and some juvenile detention facilities. Division of Licensed Resource, CPS Section must notify the licensing authority of alleged CA/N and must investigate in accordance with the *Operations Manual*, chapter 5000, section 5300. Any plan for remedial action with the facility must be the responsibility of the licensing authority. The CPS social worker and the licenser must consult during the investigation.

**WAC 388-73-036, 388-73-048, and 388-73-050**

## **2554 Alleged Abuse of Child Clients by DSHS Personnel**

- A. The social worker takes referrals using CAMIS intake and must attach any supporting documents. See the *CA Operations Manual*, chapter 15000, section 15204, for procedures regarding administrative files.
- B. The intake social worker places all relevant material into a confidential file folder and brings it immediately to the attention of the supervisor.
- C. The supervisor briefs the area manager and agrees on a plan for independent investigation by CA staff which includes the following elements:
  - 1. Consultation with the Office of Special Investigations (OSI) under DSHS Administrative Policy 6.01.
  - 2. Referral to the Employee Services Director for possible investigation per DSHS Administrative Policy 6.01.
  - 3. Designation of specific CA social work staff to conduct the investigation.
  - 4. Making an initial incident report to the Regional Administrator;
  - 5. Notification to law enforcement as required by RCW 26.44.030 and 74.15.030.
  - 6. Notification to the head, or designee, of the facility where the staff is employed that:
    - a. A CPS referral has been made.
    - b. A CPS investigation will follow.
    - c. No action shall be taken by the facility which might interfere with the CPS investigation.

7. Assessment of the alleged perpetrator's access to the child victim or other potential child victims.
  8. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs.
  9. Notification of the parents and/or person(s) who had legal custody prior to the grant of legal custody to the state of the alleged victim and the facility head of the allegations and the results of the CPS investigation.
  10. Provision of the written results of the investigation to the Assistant Secretary through the Regional Administrator on an incident report format, in accordance with the incident reporting provisions of the *Operations Manual*, chapter 5000, section 5100.
- D. The CPS social worker must coordinate the investigation with other authorized investigative activities.
- E. The assigned social worker and the supervisor are responsible for the assessment of continued risk to the alleged victim.

## **2555 Alleged Medical Neglect in Health Care Facilities**

- A. DCFS investigates alleged incidents of medical neglect, including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition, in a health care facility. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting such conditions.
- B. There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:
1. The child is chronically and irreversibly comatose.
  2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting the child's life-threatening conditions, or otherwise would be futile in terms of survival of the child.
  3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The medical professional reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

- C. The CPS social worker shall:
1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.
  2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation.
  3. Meet with the individual designated by the facility to review the medical record.
  4. Observe the child.
  5. Consider the referral unfounded when:
    - a. The child is not at risk.
    - b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred with by two consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence of two consulting physicians.
      - i. Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.
      - ii. The department has final responsibility for determining whether further intervention or court referral is necessary.
  6. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in number 5 above exist. Such a meeting shall include:
    - a. The hospital or facility designee.
    - b. The attending physician.
    - c. The CPS social worker.
    - d. The DCFS medical consultant (as necessary).
    - e. Others as appropriate.

The social worker shall document the reason for the non-attendance of a representative of 6a through 6d.



7. Pursue remedies, including initiating a dependency action in juvenile court, as may be necessary to prevent the withholding of medically indicated treatment from children with life threatening conditions.
  8. Encourage inclusion in treatment of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.
- D. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices shall maintain and update annually agreements with each facility that shall include the following elements:
1. Procedure specifying that the CPS social worker shall promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of CPS concerns involving the facility.
  2. CPS referral procedures consistent with the intent of RCW 26.44 that facilitate direct referral by the person observing the risk situation.
  3. Arrangements for preliminary interviews of children by the CPS social worker before notification of parents when such notification of parents would interfere with the appropriate collection of information.
  4. Arrangements for allowing access to medical records by the social worker involved in a CPS investigation.
  5. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by RCW 26.44.056.
  6. Procedure for the investigation of alleged incidents for medical neglect by the facility, including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:
    - a. Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.
    - b. Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.
    - c. Agreement and procedures for the meeting of the social worker and facility representatives, including, as necessary, the contracted medical consultant designated by DCFS.
    - d. The social worker may refer unresolved issues to the Attorney General's Office or its designee for consideration of grounds for

dependency to assure the continuation of medically necessary treatment.

## **2556 Referrals to CPS from Residential Facilities when Alleged Abuse Occurred Prior to Placement**

- A. DCFS response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility includes:

### **1. Where to Report**

- a. CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.
- b. Intake serving the area in which the facility is located shall take the referral when:
  - i. The child is not a DCFS-related placement.
  - ii. The facility is unable to contact the placing office.

### **2. CPS Response to Reports**

- a. When CPS in the local office serving the area where the facility is located receives a call, the intake worker:
  - i. Obtains the following information as necessary to identify the case and the placing office:
    - A brief description of the information.
    - The name, birth date, and case number (if any) of the child.
    - The name and address of the child's parent(s) or other caretaker.
    - The name of the family's caseworker, if any.
    - The name and phone number of the reporter.
  - ii. Calls CPS intake in the placing office. If this can be done with the facility on hold, then the worker need only connect the facility when the placing office is on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

- iii. Will be available to provide coordination and facilitation of the referral; e.g., interview the child victim or other facility staff when requested by the placing office.
  - iv. Provides consultation and assistance to facilities in their area regarding what constitutes CAVN and what are the reporting requirements.
- b. The placing office coordinates the:
- i. Investigation, including the interview of the child.
  - ii. Reports to law enforcement.
  - iii. Other activities as necessary.
- c. The placing office:
- i. Has CPS in the location of the facility conduct the investigation.
  - ii. Completes the CAMIS referral with the notation "This is a residential facility" and screen the referral for sufficiency.
  - iii. Informs the referrer of the initial decision and reason.
    - If accepted, non-emergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, etc.).
    - If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker for information, possible non-CPS follow-up, or other action as may be necessary.
  - iv. Assigns cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.
  - v. The intake supervisor notifies staff/supervisors with the open cases on the child/victim and forwards a copy of the referral to the currently assigned social worker.
  - vi. The investigating worker keeps the facility advised of the investigation time-frames, progress, and findings.

**2557 CPS Alerts**

- A. Any DCFS supervisor may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. Before initiating the alert, the social worker needs to check for the subject individuals in Automated Client Eligibility System (ACES). The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.
- B. A DCFS supervisor may initiate an alert within the state by contacting the CAMIS Help Desk or using E-mail requesting acknowledgment and providing information in the following format:
  - 1. **Identification:**
    - a. Name and birth date of child at risk.
    - b. Names and birth dates of persons presently caring for the child.
    - c. Current legal status of the child.
  - 2. **Problem:** Describe why the child is at risk, the degree of risk, and, if known, the probable destination. Historical, legal, or other identifying information may be added, but it should be brief and relevant.
  - 3. **Contact:** Name of assigned social worker and complete mail and phone contact instructions.
- C. The DCFS supervisor follows the above format for interstate alerts and must submit them in typed memo form to DSHS, DCFS, Mail Stop 45710, Attention: CPS Program Manager.
- D. The supervisor may provide printed copies of the alert to CSO intake units.
- E. The intake supervisor maintains a printed copy of all alerts in either a chronological or alphabetical file at the office for 180 days after receipt. The local office may destroy the printed alerts after that time. The originating office may renew alerts after 180 days.

**2558 Sexually Aggressive Youth**

- A. Social workers must arrange for the provision of appropriate and comprehensive evaluation, treatment and supplemental services for sexually aggressive youth (SAY) as approved by Regional SAY Teams. See chapter 4000, section 4536 for information regarding services and placement guidelines.
- B. Sexually aggressive youth means those juveniles who:

**RCW 74.13.075**

1. Have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature; and
2. Are in the care and custody of the state; or
3. Are in the care and custody of a federally recognized Indian tribe located within the state; or
4. Are the subject of a proceeding under chapter RCW 13.34 or a child welfare proceeding held before a tribal court. This allows service to children in their own home who are in shelter care status or dependent; or
5. Have been determined by law enforcement (for children under eight years of age) or a prosecutor's office (for children eight through 11 years of age) to be a sexually aggressive youth who will not be prosecuted.

**RCW 26.44.160 and 9A.04.050**

- C. CPS must investigate any referrals from law enforcement or a prosecutor's office that allege that a child is a sexually aggressive youth. The purpose of the investigation is to determine whether the child is abused or neglected, whether any siblings are at risk, and whether the child or the child's parents are in need of services or treatment.

**RCW 26.44.075**

- D. DCFS may offer appropriate available services and treatment as provided in RCW 74.13.075 and may refer the child and his or her parents to appropriate services available within the community. If the parents refuse to accept or fail to obtain appropriate treatment or services under circumstances that indicate that the refusal or failure is child abuse or neglect, the department may pursue a dependency action as provided in chapter 13.34 RCW.

## **2559 Hospital Holds**

CPS must receive a child taken into custody by a law enforcement agency pursuant to a determination by a hospital administrator or physician that the child would be in imminent danger if released to the child's caretaker. CPS must detain the child until the court assumes custody. However, if in the opinion of the CPS worker and supervisor, based upon documented evidence and in consultation with appropriate entities such as the Child Protection Team (CPT), the child's safety will not be unduly endangered if the child is returned, the social worker may return the child to the parent or legal guardian. If the child is returned home, the assigned social worker must monitor the continued safety of the child for a six-month period.

## **25591 Finding Notification and Review**

- A. Review and Appeal Rights-When a CA CPS investigator completes an investigation of a report of alleged child abuse or neglect under chapter 26.44 RCW, the assigned CA staff must notify the alleged perpetrator of the findings

of the investigation and provide the alleged perpetrator with the opportunity to review and appeal the finding if applicable.

1. The assigned CA staff must provide notice on all findings, including founded, unfounded, and inconclusive, by certified mail, return receipt requested, to the person's last known address. When department staff knows that the alleged perpetrator has moved, assigned staff must make good faith efforts to determine the new address of the alleged perpetrator.
2. A person named after October 1, 1998, as an alleged perpetrator in a **founded** report of CA/N has the right to seek review and amendment of the finding.
  - a. After receiving written notice from the department that the department has named the person as a perpetrator in a founded CA/N report, the named person may request that the department review the finding. The department must receive the request for review within 20 calendar-days following the named person's receipt of the notice.
  - b. The named person must make the request in writing.
  - c. If the alleged perpetrator does not make a request for review in accordance with this section, the alleged perpetrator may not further challenge the finding and has no right to an administrative hearing or judicial review of the finding.
3. Upon receipt of a written request for review, CA must review and, if appropriate, amend the finding. CA staff above the first level of supervision must retain responsibility for the review. See paragraph B(7) below.
  - a. Upon completion of the review, the Regional Administrator or Division of Licensed Resources (DLR) Director, or designee, as applicable must notify the alleged perpetrator in writing of the agency's determination.
  - b. The CA representative must send the notification by certified mail to the named person's last known address.
4. If, following agency review, the report remains founded, the person named as the perpetrator may request an administrative hearing to contest the finding. The named person must file the request for an administrative hearing with the Office of Administrative Hearings within 30 calendar days after receiving notice of the agency review determination.
5. If the named person does not request an administrative hearing as provided in this section, the person may not further challenge the finding and has no right to further agency review or to administrative hearing or judicial review of the finding.

B. Department Procedures

1. The CPS social worker must complete the summary assessment and enter a finding in CAMIS.
2. The CPS worker must complete the client notification letter template for founded or unfounded/inclusive investigative results, as appropriate to the finding entered.
3. Per local office procedure, assigned staff must generate and send the client notification letter to the CPS supervisor for review. After review and approval, the CPS supervisor must sign the letter and provide the letter to the tracking clerk for mailing.
4. The tracking clerk must send each notification letter by certified mail, return receipt requested, and must maintain a tracking system for the notification process. For notification of founded allegations, the clerk must send the letters by certified mail, restricted delivery.
5. When the social worker or the worker's supervisor determines that notification by personal delivery is in the best interests of the alleged perpetrator's family, the assigned social worker may personally deliver the notification letter to the alleged perpetrator.
  - a. The social worker must document in the CAMIS SER and must notify the tracking clerk that the worker delivered the notification letter in person.
  - b. If the subject of the referral refuses to accept the in-person delivery, the social worker must arrange for the tracking clerk to send the letter by certified mail, return receipt requested, restricted delivery.
6. When the CA office receives a request for an internal review regarding a founded report, the tracking clerk determines if the alleged perpetrator has made the request within 20 calendar days of the alleged perpetrator's receipt of the notification letter.
  - a. If the alleged perpetrator made the request within the required timeframe, the tracking clerk sends the request to the area manager or DLR/CPS section manager for an internal review of the finding.
  - b. If the alleged perpetrator's request did not come within the designated timeframe, the CPS supervisor must notify the alleged perpetrator that the alleged perpetrator has no further right to review of the finding.
7. The DCFS area manager, or designee, or DLR Director, as applicable, must complete the internal review. The review may include an interview

with the social worker and/or the worker's supervisor. At a minimum, the internal review must include:

- a. A review of the case file, including the referral, the SER, the summary assessment, and the findings screen; and
  - b. A review of any written information provided by the subject of the referral, but not an in-person meeting with the subject of the referral.
8. The DCFS area manager, or designee, or DLR Director, as applicable, must notify the alleged perpetrator of the result of the review within 45 calendar days from the date the department received the request for review. The designated manager must:
- a. Provide the notification of the department's determination in writing; and
  - b. Send the notification by certified mail to the alleged perpetrator's last known address.
9. If the assigned manager or designee upholds the founded report of CA/N, the subject of the referral must request, in writing, an administrative hearing with the Office of Administrative Hearings within 30 calendar days from the date the subject receives the department's notice of decision.
10. Assigned staff must document any change in findings made as a result of an internal review or an administrative hearing in CAMIS. The assigned manager or designee provided security access to change the finding in CAMIS must enter any change in finding within 10 working days of the decision to change the finding. The manager or designee must make the changes in the findings screen of CAMIS so that the changed finding will be evident when the finding is subsequently called up in CAMIS.
11. All findings will remain in effect as originally determined pending any internal review or administrative hearing.

## **2560 Community Collaboration**

## **2561 Community Involvement**

DCFS managers, supervisors, and line staff are expected to allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

- A. Law enforcement agencies.
- B. Juvenile courts.
- C. Schools.



- D. Ethnic/minority communities.
- E. The medical community.
- F. Appropriate social service agencies.

## **2562 Child Protection Teams**

### **A. Purpose and Scope**

1. Regional Administrators must establish and maintain one or more CPTs in each region.

#### **RCW 74.14B.030 and Executive Order (EO) 95-04**

2. The Regional Administrator must utilize the team(s) for consultation to:
  - a. Assist in assessment of the future risk of abuse and neglect to children; and
  - b. Assist in assessment of the need to place children in out-of-home care in CA cases where a risk of serious harm to the child exists, including situations outlined below.
    - i. Any case in which there is serious professional disagreement, including disagreement by the foster parent(s), regarding risk of death, serious injury, out-of-home placement of a child, or the child's return home as a result of a decision to leave a child in the home or to return the child to the home;
 

The CPT may be told the facts and may opt not to review the situation, on a case-by-case basis;
    - ii. Cases in which the risk assessment, following initial investigation, results in a moderately high or high risk classification, and the child victim is age six or younger;
    - iii. In all cases prior to return home or dismissal of dependency, when the child is age six or younger and any risk assessment has resulted in a risk level of moderately high or high risk;
    - iv. Cases that are opened solely on the basis of risk of imminent harm following initial investigation where there are no allegations of abuse or neglect; and/or
    - v. Complex cases where such consultation will help improve outcomes for children.

## B. Requirements

1. Multidisciplinary CPTs provide confidential case staffing and consultation to CA. Recommendations by CPTs are advisory to DCFS staff, except when deciding to place a child or return a child home.
  - a. Each Regional Administrator must establish and maintain one or more culturally diverse and responsive multi-disciplinary CPTs.
  - b. Each CPT must consist of at least four persons, selected by the Regional Administrator, from professions that provide services to abused and neglected children and/or the parents of such children.
    - i. Participants may include, but are not limited to, law enforcement officers, physicians, mental health and substance abuse counselors, or other mandated reporters of child abuse and neglect.
    - ii. In addition, treatment providers, other professionals who play a significant role with the family, individuals with responsibility identified in the safety plan, the family, if appropriate (if not present, their perspective should be represented), foster parent, and child if over 12 years of age shall be invited.
    - iii. A written report shall be requested from any providers unable to attend.
2. Before participating in the business of the CPT, each member must register with CA as a volunteer.
3. Multi-disciplinary CPTs provide confidential case staffings and recommendations to CA. Release of information is subject to laws regarding public disclosure and confidentiality contained in RCW 74.04.060.
4. Each Regional Administrator must develop and implement written procedures for establishing, convening, and managing the region's CPTs. The Regional Administrator must designate a staff person to serve as CPT coordinator for the region or local area as well as a facilitator for CPT staffings.
  - a. With the approval of the Regional Administrator, the CA office may use other types of community review teams or team members from other review and consultation teams for CPT under this procedure when they meet the criteria of this procedure and are willing to staff cases for the express purposes of this procedure.
  - b. A person with a personal or fiduciary interest in the outcome of the case under review may participate as a CPT member in the review of that case after declaring that personal or fiduciary interest.

C. Procedures

1. CA field staff refers cases for staffing to the CPT through their supervisor.
2. A community professional may schedule a CPT staffing, pursuant to this policy, with the CPT coordinator when the professional has reviewed and discussed the issues with the social worker and the supervisor and wishes to pursue a staffing.
3. Among the responsibilities of the CPT coordinator are:
  - a. Coordination and management of membership recruitment, training, scheduling, record-keeping including CPT recommendations, reporting, and communication for the CPT.
  - b. Provision of written staffing recommendations to the assigned social worker and supervisor following the staffing.
  - c. Maintenance of a tracking system to document activity for staffings and recommendations.
4. If the social worker decides not to place a child or to return a child home when the CPT has recommended otherwise, the social worker, the supervisor, and the Area Manager will consult the Regional Administrator immediately upon making the decision. DCFS staff will follow the recommendation of the CPT regarding placement unless the Regional Administrator specifically authorizes the action contrary to the recommendation. The supervisor and the Area Manager will report the Regional Administrator's decision, in writing, to the CPT, through the coordinator, within seven working days.
5. The CPT may request the Regional Administrator to review the social worker's case plan decision and present additional information to support a concern for the health, safety, and welfare of the child or the effectiveness of the DCFS plan. The Regional Administrator or designee must review the issue and determine if another course of action is appropriate. The Regional Administrator may also consider minority opinions when the CPT has been unable to achieve a consensus of opinion.
6. If the CPT disagrees with the decision of the Regional Administrator, the team may appeal to the Assistant Secretary.

**2563 Military Personnel**

CPS service guidelines for on-post military families shall be developed administratively with the base commander or commander's designee and the Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for, off-post families.

## **2570 Law Enforcement**

### **2571 Mandated Reports to Law Enforcement**

- A. The social worker or supervisor shall report, as required by RCW 26.44.030(4) and 74.13.031(3), to law enforcement within 24 hours of receipt of a report by the department in cases where the response time is labeled "emergent" and the child's welfare is believed to be in immediate danger. With the exception of a child fatality, which the social worker or supervisor shall report immediately, the social worker or supervisor shall notify law enforcement within 72 hours of receipt of any reported incident of:
  1. Sexual abuse.
  2. Non-accidental physical injury of a child.
  3. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.
- B. Unless otherwise agreed in a local written working agreement with law enforcement, developed in consultation with the Attorney General's Office, DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed *Report of CA/N*, DSHS 14-260(X), may be used to comply with the requirement for a written referral.
- C. Social workers and supervisors are not required by statute to report to law enforcement instances of CA/N where no criminal misconduct is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

### **2572 Criminal History Checks**

- A. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification section. Local social workers and supervisors make requests following instructions in the *CA Operations Manual*, chapter 5000, section 5500. The social worker must include documentation in the service record that each of the following conditions exists before making the inquiry:
  1. The inquiry is about an alleged perpetrator in an open CPS case.
  2. The alleged CA/N incident has been reported to law enforcement as required by RCW 26.44.030.

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in RCW 26.44.050 and RCW 74.13.031.
- 
- B. As part of the criminal background check, the worker must contact local law enforcement agencies, including tribal police if the person resides or has resided on an Indian reservation or is known to be or may be affiliated with a particular Tribe.
  - C. Information gained will be subject to public disclosure policy as outlined in chapters 43.43 and 10.97 RCW and the *CA Operations Manual*, chapter 13000, section 13500.

### **2573 Law Enforcement Assistance**

- A. A social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.
- B. A social worker may receive children taken into custody under RCW 26.44.050 from law enforcement with a *Child Custody Transfer*, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

### **2574 Law Enforcement Agreement**

Each CA office must develop a written working agreement with each law enforcement agency in its catchment area. Such agreements will detail local mechanisms for handling matters contained in sections 2571 - 2773.

### **2575 Confidentiality of Records**

CA records are confidential, and CA staff must not disclose them to law enforcement other than as described above. Law enforcement or the prosecutor may subpoena other information from the CA record. See *CA Case Services Policy Manual*, chapter 4000, section 4120.

### **2576 Conflict of Interest**

- A. RCW 26.44.190 requires law enforcement agencies not to permit law enforcement officers to participate in the investigation of alleged abuse or neglect concerning a child with whom the officer is, or has been a parent, guardian, or foster parent. See the *CA Case Services Policy Manual*, chapter 2000, section 2131.
- B. To assist the law enforcement agency to meet this requirement, the assigned CA social worker must inform the law enforcement agency if CA's records indicate that the assigned investigating officer is, or has been, a parent, guardian, or foster parent of the alleged child victim.

- C. If the law enforcement agency continues the investigative assignment with an officer who is the current foster parent of the alleged child victim, the CA social worker must remove the child from placement with the investigating officer.

## 2580 Missing children

- A. When CA staff learns that a child for whom the department is providing services is missing, the staff must ensure that local law enforcement and the WSP Missing Children Clearinghouse are notified of the child's absence, and of any subsequent information we receive related to the child's whereabouts. The social worker or intake staff, if appropriate, shall take the following actions:

1. If intake staff receives a call from a parent or guardian, intake staff shall determine whether the parent or guardian has notified local law enforcement and/or the Missing Children Clearinghouse of the child's absence. If the child's unauthorized absence is longer than six hours, or a shorter absence would appear to create a risk to the child, intake staff shall request that the parent or guardian call law enforcement and the clearinghouse. Contact information for the clearinghouse is:

|  |  |
|--|--|
| Washington State Patrol<br>Missing Children Clearinghouse<br>PO Box 2347<br>Building 17 Airdustrial Way<br>Olympia WA 98507-2347<br>Business Hours M-F 8:00-5:00<br>Voice Mail available after hours | <a href="mailto:74431.173@compuserve.com">74431.173@compuserve.com</a><br>360 586-0030<br>800 543-5678<br>360 586-8231 fax |
|--|--|

2. Intake staff shall immediately, or at minimum during the same workday, complete the SER to alert the social worker electronically of the child's absence and of any subsequent information received regarding the child.
3. DCFS regions shall maintain protocols for reporting runaways to local law enforcement. Generally, the protocol shall include the issuance of a pickup order.
4. When the social worker learns of a child's unauthorized absence from home, CRC, or other approved location, or of information related to a child's absence from home, the social worker shall confirm the child's current status with the parent or guardian. The social worker then determines if reports have been made to law enforcement and the clearinghouse. If reports have not been made and the child has been absent for more than six hours or, if less time, that the absence creates a risk to the child, the social worker shall ensure that the reports are made immediately, or at minimum during the same workday.
5. The social worker shall notify law enforcement and the clearinghouse, or ensure that the parent or guardian has notified law enforcement and the clearinghouse, once the child has been located and/or returned home or to placement and shall request that the pickup order be cancelled once

the child is safe. If intake staff learn of the child's return, they may cancel the run report, if appropriate.

## **2600 CASE REVIEW**

### **2610 Supervisory Review**

The supervisor must review all cases open to CPS for 90 days to determine if:

- A. The case record and CAMIS file are complete.
- B. The service is appropriate and effective.
- C. The 90-day rule requirement has been met.
- D. The service may continue.
  - 1. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed.
  - 2. The supervisor may refer the case back for further investigation.
- E. The supervisor must document the reasons for the 90-day review decision in the CAMIS SER.

## **2700 RESOLUTION**

### **2710 CASE RESOLUTION/CLOSURE**

- A. The social worker may close continuing service cases when the problems resulting in risk of CA/N identified summary assessment form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.
- B. The social worker may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:
  - 1. Further voluntary services are not available or accepted.
  - 2. There is no plan to file a dependency petition.
- C. The social worker must not close cases for service while a dependency order or voluntary placement agreement is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

### **2711 Inactive Status**

- A. Case Closure: Cases where services have ended per section 2710, but cannot be closed until paperwork and other documentation is completed,

should be designated as "Services Inactive/Paperwork Pending (S) program assignment for social worker or supervisor".

- B. The purpose of this worker assignment is to be able to track the workload involved in follow-up paperwork (*Operations Manual* 152022 (F)(4)).
- C. The social worker must properly complete all forms and narrative recording within 90 days of a decision to terminate services and close a case. The supervisor must review both CAMIS and the folder for accuracy and completeness and document the review in the CAMIS SER before closure or transfer to another service.